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MARGIN RESERVED FOR BINDING
 N.B.—WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

 STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Yavapai State Arizona Registered No. 469
 Township Prescott or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mrs. Lida Ann Jones
 (a) Residence: No. 407 S. Montezuma St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of <u>Levi Jones</u> (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>10/16/74</u>				
7. AGE <u>56</u> Years	Months <u>7</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) _____ (State or country) <u>California</u>				
FATHER	13. NAME <u>Riley Turner</u>			
	14. BIRTHPLACE (city or town) _____ (State or country) <u>No record</u>			
MOTHER	15. MAIDEN NAME <u>Nancy Newlin</u>			
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Oregon</u>			
17. INFORMANT <u>Levi Jones,</u> (Address) <u>Prescott, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. View Cemetery</u> Date <u>5/31/31</u>				
19. UNDERTAKER <u>Prescott, Arizona</u> (Address) _____				
20. Filed <u>5/30/31</u> <u>Harry B. Southworth</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>5/25/31</u> 19 <u>31</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____ to <u>5/25/31</u> 19 <u>31</u> I last saw him alive on <u>5/24/31</u> 19 <u>31</u> ; death is said to have occurred on the date stated above at <u>8.9</u> m. The principal cause of death and related causes of importance were as follows: <u>Chronic Brights. 1926</u> <u>Arterio Sclerosis. 1922</u> <u>Myocarditis. 1929</u> Other contributory causes of importance: <u>Loss of Compensation 1931</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in <u>industry</u> , in <u>home</u> , or in <u>public place</u> .	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____	
If so specify _____ (Signed) <u>Harry B. Southworth</u> M. D. (Address) <u>Prescott, Arizona.</u>	